

## Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> California Dental Association Independent Expenditure PAC			<b>Date of This Filing</b> 04/07/2010  <b>Report No.</b> 148902-161  <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 <small>(explain below)</small>  <b>No. of Pages</b> 2	Date Stamp   Page 1 of 2	<div> <b>CALIFORNIA FORM 496</b> </div> <div>             For Official Use Only           </div>
<b>AREA CODE/PHONE NUMBER</b> (916)443-0505		<b>I.D. NUMBER (if applicable)</b> 1233321			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814			

### 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> Bill Emmerson			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
OFFICE SOUGHT OR HELD/DISTRICT NO. State Senator District 37	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
04/05/2010	Campaign Literature and Mailings	\$27,143.00

Reason for Amendment:

Amend to show actual costs and contributions received omitted in error.

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**CALIFORNIA**  
**FORM 496**

NAME OF FILER  
California Dental Association Independent Expenditure PAC

I.D. NUMBER (If applicable)  
1233321

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
4/5/2010	California Dental PAC-Small Contributor Committee Sacramento, CA 95814  ID: 742855	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		\$100,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772